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Director and Health Officer

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September 20, 2011

TO: Supervisor Michael D. Antonovich, Mayor  
Supervisor Gloria Molina  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe

FROM: Jonathan E. Fielding, M.D., M.P.H. *J. Fielding ms*  
Director and Health Officer

SUBJECT: **AUTHORIZATION FOR THE DEPARTMENT OF PUBLIC HEALTH TO EXECUTE SOLE SOURCE AGREEMENTS WITH EXISTING ALCOHOL AND DRUG SERVICES PROVIDERS AND ONE SOLE SOURCE AGREEMENT WITH INFLEXXION, INC. FOR THE DEVELOPMENT OF AN ONLINE ADDICTION SEVERITY INDEX SYSTEM TO SUPPORT IMPLEMENTATION OF POST-RELEASE COMMUNITY SUPERVISION EFFECTIVE OCTOBER 1, 2011 THROUGH JUNE 30, 2014 (Board Agenda Item A-6, September 20, 2011)**

On August 30, 2011, the Community Corrections Partnership (CCP) presented to your Board a plan to implement Public Safety Realignment as a result of Assembly Bill (AB) 109. This bill transfers certain State responsibilities within the criminal justice system to counties, effective October 1, 2011.

As part of the CCP plan, the Department of Public Health (DPH) Substance Abuse Prevention and Control (SAPC) will perform a key role in the Post-release Community Supervision (PCS) required under AB 109. AB 109 transfers to the County responsibility for supervising inmates who are released from prison after serving a sentence for a non-violent, non-serious, non-sex offense.

Currently, the State estimates that 9,000 low-level offenders will be released to Los Angeles County under PCS in Fiscal Year (FY) 2011-12, of which approximately 30 percent are anticipated to require services for Substance Use Disorder (SUD). A significant number of these clients likely will have co-occurring mental health disorders and SUD.

In anticipation of PCS, DPH has been working with the Chief Executive Office (CEO), the Probation Department, the Department of Mental Health (DMH), and others to develop a strategy for serving these clients. This memo describes DPH's proposed program and actions necessary to implement the program.

## **SUBSTANCE ABUSE SERVICES COMPONENTS**

Based upon experience with the criminal justice population and information about the general parole population, DPH anticipates that PCS clients will need a full range of substance abuse assessment and treatment options including residential treatment, outpatient counseling, and sober living housing.

### Assessment, Referral, and Treatment for Persons with Substance Use Disorder

DPH's SAPC is working closely with DMH to pool up to \$4 million of the funds dedicated under AB 109 to establish integrated co-occurring mental health and substance abuse services for adults and transitional aged youth (TAY) who have recently been incarcerated. A portion of these funds will be leveraged under either the Short-Doyle and/or other federal revenue under the 1115 Waiver Demonstration Project (Low Income Health Program).

DPH will be contracting with community-based treatment organizations to provide the AB 109 assessment, referral, treatment, and recovery services. A total of \$1.4 million will be allocated to residential treatment, outpatient counseling, and alcohol and drug free living centers, including \$400,000 for the Antelope Valley Rehabilitation Program at Acton to ensure that persons living in and around the Antelope Valley have access to treatment.

Persons identified at the Probation HUB as requiring SUD treatment only will be directed from Probation to Community Assessment Service Centers (CASC) for assessment and referral to treatment as well as other ancillary and community-based services, under the existing system.

Early identification of the level of acuity and treatment options available, as well as immediate access to services, is critical to assisting PCS clients in successful re-integration into the community and reducing the risk of recidivism. Therefore, DPH is proposing to use information technology that will determine the severity of the person's SUD, identify the level of treatment intensity needed, and make appropriate placement based on the American Society of Addiction Medicine placement criteria. Clients will self-administer the Addiction Severity Index-Multimedia Version (ASI-MV) interviews on a computer with audio and video, in either English or Spanish. Since the ASI-MV does not require staff time to administer the interview questions or enter data, it saves agencies staff time and money. It has been found that clients are able to easily use the program, regardless of education level, reading ability, or prior computer experience and, when

effectively engaged, they self-disclose more to the ASI-MV via computer entry than to a trained interviewer administering the ASI.

## **FUNDING**

Attachment A is a breakdown of DPH's proposed funding distribution for FY 2011-12, based upon a projected allocation of \$6 million for AB 109 services. As the ASI-MV will be utilized by various programs, the total cost of \$417,120 will be allocated between AB-109 funding at \$262,224 and Federal Block Grant (FBG) funding at \$154,896. No net County costs will be used to fund this project.

Program amounts will be adjusted, as necessary, when final funding allocations are determined by your Board.

## **CONTRACTING PROCESS**

As quick action is required to ensure that SUD programs are available to those referred under AB 109 beginning October 1, 2011, DPH is recommending the award of sole source contracts to current substance abuse contractors that have demonstrated experience in providing services to the criminal justice population. Persons who have previously been incarcerated will have a unique set of needs, and SAPC's existing contractors are uniquely qualified to understand those needs and to offer a full range of required ancillary and support services. Advance written notice and justification will be provided to your Board prior to execution of any sole source contract of \$250,000 or greater. As soon as the amount of ongoing State funding is known, DPH intends to conduct a solicitation for these services.

For the self-assessment program, DPH is proposing an agreement with Inflexxion, Inc. Inflexxion, Inc. has developed online interactive programs that reduce health-related risks, enhance clinical outcomes, and positively influence quality of care. It has received over \$55 million in National Institute of Health Small Business Innovative Research grant support, and has developed over 50 assessment, intervention, and prevention programs in its Behavioral Health, Risk Management, College Health, and Consumer Health divisions. Among the systems that Inflexxion, Inc. has developed is the ASI-MV Online System with grants from the National Institute on Drug Abuse. Inflexxion, Inc. has developed and tested the ASI-MV English and Spanish versions, as well as the Comprehensive Health Assessment for Teens. Research studies have shown that both assessments have excellent reliability and validity.

Attachment B and C are the Sole Source Checklists.

## RECOMMENDATIONS

It is recommended that your Board:

1. Delegate authority to the Director of Public Health, or his designee, to prepare, sign, and execute sole source agreements and/or amendments with certified and/or licensed alcohol and drug providers to support programs that are specifically designed for and/or currently serve clients who have previously been incarcerated and provide substance abuse assessment and referral, residential treatment, outpatient counseling, and alcohol and drug free living centers, effective October 1, 2011 through June 30, 2012 at an amount estimated not to exceed \$1 million, with provision for two one-year renewal periods through June 30, 2014, with funding allocated on the basis of geographic location, subject to availability of funding, review and approval by County Counsel, and notification to your Board and the CEO.
2. Delegate authority to the Director of Public Health, or his designee, to prepare, sign, and execute a sole source agreement with Inflexxion, Inc. to develop and implement an online Assessment Severity Index-Multimedia Version (ASI-MV), effective October 1, 2011 through June 30, 2012 at an amount not to exceed \$417,120 with provision for two one-year renewal periods through June 30, 2014, provided that your Board has appropriated sufficient funds for the system, subject to review and approval by County Counsel, and notification to your Board and the CEO.
3. Delegate authority to the Director of Public Health, or his designee, to execute amendments to the sole source agreements to allow for the rollover of unspent funds; and/or provide an internal reallocation of funds between budgets; effective upon amendment execution or at the beginning of the applicable contract term, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office.

If you have any questions or need additional information, please contact me or your staff may contact Jonathan E. Freedman, Chief Deputy Director, at (213) 240-8156.

JEF:dl

Enclosures (3)

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors  
Probation Department  
Department of Mental Health

**ATTACHMENT A**

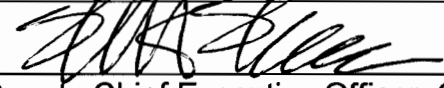
**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH  
SUBSTANCE ABUSE PREVENTION AND CONTROL**

**AB-109 FUNDING PROPOSAL**

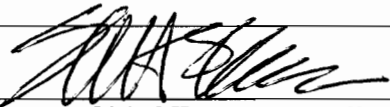
	<b>AB-109 Funding</b>	<b>Federal Block Grant</b>	<b>TOTAL</b>
<b>Intrafund Transfer to DMH</b>	<b>\$4,000,000*</b>		<b>\$4,000,000*</b>
<b>Sole Source Contracts for SUD Services</b>	<b>\$1,000,000</b>		<b>\$1,000,000</b>
<b>Antelope Valley Rehabilitation Center</b>	<b>\$400,000</b>		<b>\$400,000</b>
<b>SAPC Admin Costs</b>			
<b>Staffing</b>	<b>\$337,776</b>		<b>\$337,776</b>
<b>ASI-MV</b>	<b>\$262,224</b>	<b>\$154,896</b>	<b>\$417,120</b>
<b>PROJECTED ALLOCATION, SUD SERVICES</b>	<b>\$6,000,000</b>	<b>\$154,896</b>	<b>\$6,154,896</b>

**\*Up to \$4 Million. Any reduction will be reallocated to funding for SUD treatment services.**

Alcohol and Drug Service Providers  
SOLE SOURCE CHECKLIST

Check (√)	<p align="center"><b>JUSTIFICATION FOR SOLE SOURCE PROCUREMENT OF SERVICES</b></p> <p><i>Identify applicable justification and provide documentation for each checked item.</i></p>
	<ul style="list-style-type: none"> <li>➤ Only one bona fide source for the service exists; performance and price competition are not available.</li> </ul>
√	<ul style="list-style-type: none"> <li>➤ Quick action is required. (emergency situation) AB 109 funded services to begin October 1, 2011.</li> </ul>
	<ul style="list-style-type: none"> <li>➤ Proposals have been solicited but no satisfactory proposals were received.</li> </ul>
	<ul style="list-style-type: none"> <li>➤ Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.</li> </ul>
	<ul style="list-style-type: none"> <li>➤ Maintenance service agreements exist on equipment which must be serviced by the authorized manufacturer's service representatives.</li> </ul>
	<ul style="list-style-type: none"> <li>➤ It is most cost-effective to obtain services by exercising an option under an existing contract.</li> </ul>
	<ul style="list-style-type: none"> <li>➤ It is the best interest of the County (e.g., administrative cost savings, too long a learning curve for a new service provider, etc.).</li> </ul>
√	<ul style="list-style-type: none"> <li>➤ Other reason. Please explain: Certified and/or licensed alcohol and drug service providers have demonstrated experience providing services to the criminal justice population and are geographically located in communities where the population resides.</li> </ul>
	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">               _____              Deputy Chief Executive Officer, CEO         </div> <div style="text-align: center;">             9/13/11              _____              Date         </div> </div>

Inflexxion, Inc.  
SOLE SOURCE CHECKLIST

Check (√)	<b>JUSTIFICATION FOR SOLE SOURCE PROCUREMENT OF SERVICES</b> <i>Identify applicable justification and provide documentation for each checked item.</i>
√	➤ Only one bona fide source for the service exists; performance and price competition are not available.
√	➤ Quick action is required (emergency situation) AB 109 funded services to begin October 1, 2011.
	➤ Proposals have been solicited but no satisfactory proposals were received.
	➤ Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.
	➤ Maintenance service agreements exist on equipment which must be serviced by the authorized manufacturer's service representatives.
	➤ It is most cost-effective to obtain services by exercising an option under an existing contract.
	➤ It is the best interest of the County (e.g., administrative cost savings, too long a learning curve for a new service provider, etc.).
√	➤ Other reason. Please explain: Inflexxion, Inc. has developed online interactive programs that reduce health-related risks, enhance clinical outcomes, and positively influence quality of care. It has received over \$55 million in National Institute of Health Small Business Innovative Research grant support, and has developed over 50 assessment, intervention, and prevention programs in its Behavioral Health, Risk Management, College Health, and Consumer Health divisions. Among the systems that Inflexxion, Inc. has developed is the ASI-MV Online System with grants from the National Institute on Drug Abuse. Inflexxion, Inc. has developed and tested the ASI-MV English and Spanish versions, as well as the Comprehensive Health Assessment for Teens. Research studies have shown that both assessments have excellent reliability and validity.
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